

T. Kevin Sullivan, DMD, LLC, 3 Main Street, Topsham, ME 04086-1216

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You May Refuse to Sign This Acknowledgement.**

I have received a copy of the Notice of Privacy Practices.

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Please Print Patient Name

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Signature of Patient or Responsible Party

IF THIS ACKNOWLEDGEMENT IS SIGNED BY A PERSONAL REPRESENTATIVE ON BEHALF OF THE PATIENT, COMPLETE THE FOLLOWING:

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Relationship to Patient

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Personal Representative's Name (Please Print)

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Date

### **For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
  - Communications barriers prohibited obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other (Please Specify)
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